

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital StatisticsDkt. No. 2722
To be inserted by recorder

CERTIFICATE OF DEATH

Registered No. 17100
84

1. PLACE OF DEATH, STATE OF MINNESOTA
 County: Waseca
 Township: Woodville
 Village: _____
 City: _____
 No. _____
 If in institutional or institution give its NAME, address, city, and state
 Length of stay: _____
 In hospital or institution: yes no days
 In this community: 32 yes no days

2. DUAL RESIDENCE OR
 RESIDENCE
 State: Minn.
 County: Waseca
 Township: Woodville
 Village: _____
 City: _____
 No. _____
 Is residence within limits of city or incorporated village: yes

3. FULL NAME Louisa M. Bravin /27
 4. (a) MEDIUM RECEIVED NO. 4 (b) MEDIUM NAME WAS:

MEDICAL CERTIFICATION

5. SEX: Female COLOR OF HAIR: White T. H. H. Hospital, Waseca or
 Hospital (Write the word)
Waseca Woodville
 NAME OF HUSBAND OR WIFE: Vinton Bravin (b) AGE IF ALIVE
 Years

12. DATE OF DEATH: JULY 30 1948 19

6. DATE OF BIRTH (Month, day, year): Apr. 4 1863
 7. AGE: 84 Years 7 Months 25 Days 1863 Year of birth
 8. Sex: Female Male Other

11. FATHER OCCUPATION: House Work

12. INDUSTRY OR BUSINESS:

13. BIRTHPLACE (City or Town)
 (State or Country): Minn.14. NAME: Carl Sandberg15. BIRTHPLACE (City or Town)
 (State or Country): Sweden16. MARRIAGE NAME: Not Known17. BIRTHPLACE (City or Town)
 (State or Country): Not Known18. THE ABOVE IS MADE TO THE BEST OF MY KNOWLEDGE
 INFORMATION: May 1948Address: Waseca Minn. FFB19. Buried in St. Peter
 or
 Buried in Minn. Date Feb 3 194820. Buried in Waseca Cemetery Date Mar 10 1953.
 Address: Waseca Minn. F. D. No. 22621. Name: Platt Home For Funerals
 Date Received: July 3, 1976 Deacon S. Nord
 Signature of Local Registrar: Signature

22. I HEREBY CERTIFY THAT I ATTENDED DEATH
 ON JULY 30 1948 3:00 P.M.
 I had seen Platt alive on
 To the best of my knowledge, death occurred on the date above
 above, at Waseca

Residence name of death: Waseca Woodville
 Signature: Franklin Bravin Waseca

23. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

24. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

25. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

26. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

27. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

28. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

29. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

30. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

31. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

32. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

33. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

34. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

35. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

36. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

37. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

38. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

39. DEATH OCCURRED: At home At hospital At nursing home At other place
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40. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

41. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

42. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

43. DEATH OCCURRED: At home At hospital At nursing home At other place
 Signature: Franklin Bravin

44. DEATH OCCURRED: At home At hospital At nursing home At other place
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45. DEATH OCCURRED: At home At hospital At nursing home At other place
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Any alterations shown were made under the authority of Minnesota Statutes 1971, Section 144.172 and the regulations of the State Board of Health.